

Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <h1 style="text-align: center;">FEE TRANSMITTAL</h1> <h2 style="text-align: center;">For FY 2007</h2>		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/705,389-Conf. #4354
TOTAL AMOUNT OF PAYMENT		Filing Date	November 10, 2003
(\$) 790.00		First Named Inventor	Narayan Sundararajan
		Examiner Name	B. L. Sisson
		Art Unit	1634
		Attorney Docket No.	21058/1206459-US2

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check	<input checked="" type="checkbox"/> Credit Card
<input type="checkbox"/> Deposit Account	<input type="checkbox"/> Money Order
<input type="checkbox"/> Deposit Account Number: 04-0100	<input type="checkbox"/> None
Deposit Account Name: Darby & Darby P.C.	
Other (please identify):	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION									
1. BASIC FILING, SEARCH, AND EXAMINATION FEES									
	FILING FEES		SEARCH FEES		EXAMINATION FEES				
	Small Entity		Small Entity		Small Entity				
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)		
Utility	300	150	500	250	200	100			
Design	200	100	100	50	130	65			
Plant	200	100	300	150	160	80			
Reissue	300	150	500	250	600	300			
Provisional	200	100	0	0	0	0			
2. EXCESS CLAIM FEES									
Fee Description							Small Entity		
							Fee (\$)	Fee (\$)	
Each claim over 20 (including Reissues)							50	25	
Each independent claim over 3 (including Reissues)							200	100	
Multiple dependent claims							360	180	
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)		Multiple Dependent Claims				
40	- 42 = 0	x 0.00 =			Fee (\$)		Fee Paid (\$)		
HP = highest number of total claims paid for, if greater than 20.							0.00		
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)						
4	- 6 = 0	x 0.00 =							
HP = highest number of independent claims paid for, if greater than 3.									
3. APPLICATION SIZE FEE									
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).									
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof		Fee (\$)	Fee Paid (\$)				
	- 100 =	/50 =	(round up to a whole number) x						
4. OTHER FEE(S)									
Non-English Specification, \$130 fee (no small entity discount)							Fees Paid (\$)		
Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 ...							790.00		
SUBMITTED BY									
Signature	/Raj S. Davé/			Registration No. (Attorney/Agent)	42,465	Telephone	(202) 639-7515		
Name (Print/Type)	Raj S. Davé			Date	August 23, 2007				